

TENNESSEE HOUSING DEVELOPMENT AGENCY
SECTION 8 – HOUSING CHOICE VOUCHER PROGRAM
HOUSING QUALITY STANDARDS INSPECTION FORM

Inspector		County		Subsidy Number	
Tenant			Tenant Phone		Scheduling Number (if applicable)
Date of Request		Date of Inspection		Date of Last Inspection	
Inspection Type		Unit Type			Number of Bedrooms
Initial		Single family detached–house	Low-rise apartment		Number of Rooms Used for Sleeping
Annual		Semi-detached–duplex	High-rise apartment		Census Tract
Damage		Manufactured home	Row / town house / condominium		Type of Construction
Complaint					Square Footage
Audit			<input type="checkbox"/> This is a group residence.		Contract Rent
Unit Address (Number and Street or Route and Box)			Owner / Agent Name		
City	State	ZIP	Address		
Tenant's Mailing Address, if different			City	State	Phone Number
			ZIP		
RATING <input type="checkbox"/> FAILED (DATE) <input type="checkbox"/> INCONCLUSIVE (DATE) <input type="checkbox"/> PASSED (DATE) <input type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> GAS <input type="checkbox"/> ELEC <input type="checkbox"/> WTR (NOT CONNECTED)					
Date repairs to be completed: Scheduled date(s) of reinspection:					
At any time during the inspection process, was there a delay caused by the Tenant? <input type="checkbox"/> No <input type="checkbox"/> Yes (give dates)					
At any time during the inspection process, was there an administrative delay? <input type="checkbox"/> No <input type="checkbox"/> Yes (state date, reason(s), and obtain Manager's initials for approval):					
At any time during the inspection process, was an Extension requested? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, Extension was requested by the <input type="checkbox"/> Tenant <input type="checkbox"/> Owner. Was Extension granted? <input type="checkbox"/> No <input type="checkbox"/> Yes If granted, state reason, and obtain Manager's initials for approval: Enter beginning and ending dates of initial Extension:					
Were subsequent Extensions granted? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter dates and reasons, and obtain Manager's approval)					
NOTE: The granting of an Extension does not relieve the staff person of conducting a reinspection for the repairs of the other party.					
Date(s) of Reinspection:					
If unit failed, and Owner was responsible for repair(s), HAP was <input type="checkbox"/> abated or <input type="checkbox"/> terminated (enter dates of abatement period, or date HAP was terminated)					
If unit failed, and Tenant was responsible for repair(s), was Assistance terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter date)					
SUMMARY OF REPAIRS					
Were any "EMERGENCY REPAIR ITEMS" found? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, identify: <input type="checkbox"/> N/A if Initial Insp		Date and time <input type="checkbox"/> Owner <input type="checkbox"/> Tenant notified: NOTE: Documentation must be placed in file		Date and time of reinspection:	Did "Emergency Item" Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No
ITEM NO.	DATE PASSED / INITIALS	ITEM NO.	DATE PASSED / INITIALS	ITEM NO.	DATE PASSED / INITIALS
LEAD BASED PAINT					
WHAT YEAR WAS THE UNIT CONSTRUCTED? _____ NOTE: If the unit was constructed after 1/1/1978, this section does not need to be completed.					
WILL THERE BE A CHILD / CHILDREN UNDER THE AGE OF 6 WHO WILL RESIDE, OR IS EXPECTED TO RESIDE, IN THE UNIT ON A REGULAR BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If the above question is answered “yes”, and there are any visible signs of deteriorated paint, the Owner will be required to stabilize the paint in accordance with regulations established by the U.S. Department of Housing and Urban Development depending on the measurements of the area of deteriorated paint.					
SEE PAGE 18 FOR REQUIREMENTS AND CERTIFICATIONS					
IF A CHILD UNDER THE AGE OF 6 WILL RESIDE, OR IS EXPECTED TO RESIDE IN THE UNIT, THEN ALL ITEMS ENDING 9.01, 9.02, AND 9.03 MUST BE CAREFULLY INSPECTED					
THDA CERTIFICATION					
I certify that I have conducted this inspection according to the requirements of Housing Quality Standards and the Tennessee Housing Development Agency and the above information is correct.					
Inspector's Signature		Date	Housing Assistance Manager's Signature		Date
Was Owner present for inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Owner / Manager's Signature		Date
Was Tenant present for inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant's Signature		Date
Were both given copies of the Notice of Inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date copies given or mailed to Owner and Tenant		

INSTRUCTIONS: Complete the following questions for lease in place and annual recertifications. Throughout this document make sure each question is answered, item is checked, or N/A is indicated. To help you determine problems or situations that may not be easily identified, ask the tenant the following:

Are you having any problems with your unit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what:
Are there any leaks in the roof or ceiling ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Are there any holes in the floor or walls ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Are there any plumbing leaks or other plumbing problems ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Are there any electrical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Do all of the electrical outlets throughout your house work ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Do all of the electrical outlets have coverplates over them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Are there any cracks or breaks in any of your windows ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Are there locks on all of your windows ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Do all of the locks (on your windows) work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Can you raise at least one window in each room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Will at least one window in each room remain up when raised ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where:
Do you have a key to unlock your doors ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, which door:
Do the locks on all of your doors work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, which door:
Does your oven and all 4 burners on your stove work properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Burners <input type="checkbox"/> Oven
Who owns the stove ?	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord
Is the stove . . .	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
Does your freezer and refrigerator work properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator
Who owns the refrigerator ?	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord
Do you have any bugs or mice ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bugs <input type="checkbox"/> Mice
What kind of water do you have?	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Well Water	
Who provides (pays for) the water ?	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord
Do you have any problems with your water , such as leaks, rust or corrosion, odors, or inadequate pressure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind:
Has your landlord installed a new water heater since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the water heater . . .	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
What kind of sewer system do you have?	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Septic Tank	
If septic tank , have you had any problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind:
What kind of air conditioning do you have?	<input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> None <input type="checkbox"/> Other_____	
If window unit , who owns the unit?	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord
Is your heat . . .	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
If gas , is it . . .	<input type="checkbox"/> Natural	<input type="checkbox"/> Propane
What kind of heat do you have?	<input type="checkbox"/> Central <input type="checkbox"/> Wall Unit <input type="checkbox"/> Ventless Gas <input type="checkbox"/> Wood <input type="checkbox"/> Vented Gas <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Other	
Are you having any problems with your heat ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind:
How many children under the age of 6 reside, or is expected to reside, in the household?	<input type="checkbox"/> None	
Who is responsible for the removal of the trash?	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord
If tenant, do you pay to have the trash removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Item #	LIVING ROOM	NOTE: A window is required				P	F	I	NA	Repairs Required/Comments
101.00	Is there a living room?									
102.01	Are there at least two working outlets or one working outlet and one working permanently installed ceiling or wall light fixture?									
103.01	Are all outlets/switches flush with the wall and do they have unbroken, tight fitting cover plates?									
103.02	Are light fixtures/ceiling fans secured to the wall or ceiling?									
103.03	Is room free from any frayed or exposed wiring and is the wiring the proper type?									
103.05	Do all permanently installed ceiling or wall light fixtures have covers, if they were designed to have covers?									
104.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the "flip" type lock can be installed.									
105.01	Is there at least one window? (which opens to the exterior)									
105.02	Are all windows airtight, free of breaks/cracks, and do sashes meet? Any other deterioration?									
105.03	If windows are made to open, will at least one window open? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows.									
105.04	If no central A/C in the unit, does this window have a screen? Is screen torn, missing, need to be replaced?									
105.07	Are exterior doors airtight, have adequate weatherstripping, and sound threshold? If storm door is present, is it properly installed? Door knobs properly installed?									
105.08	Are interior doors opening into rooms properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?									
105.09	Are closet doors properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?									
106.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?									
107.01	Are the walls sound and free from hazardous defects or holes?									
108.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?									
	ITEMS 109.01 AND 109.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT									
109.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.									
109.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.									
116.01	If this room is used for sleeping, is there a door for privacy?									
118.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source?									
118.03	Does the heat source operate properly?									
118.04	Does the permanent heater have a knob, and appear to be properly installed? (wall units, baseboards, vented gas, etc.)									
	NOTE: If a ventless gas heater is present in the room, and the room is used for sleeping, the certification must be signed on page 19									
118.05	If this room is used for sleeping, and a ventless gas heater is present inside the room, is the heater designed for bedroom use? If the room is not used for sleeping, the heater does not have to meet this requirement.									
118.08	If this room is used for sleeping, and a ventless gas heater is present, is carbon monoxide detector present inside the room? NOTE: If the room is not used for sleeping, a carbon monoxide detector is not required inside the room, but is required in the unit.									
118.10	Does the carbon monoxide detector operate properly?									
132.02	If this room is used for sleeping, is there a smoke detector located outside of this room?									
132.03	Does the smoke detector operate properly?									
REPAIRS REQUIRED/COMMENTS										

Item #	KITCHEN AREA	NOTE: A window is not required				P	F	I	NA	Repairs Required/Comments
201.00	Is there a kitchen?									
202.01	Is there at least one working outlet and one working, permanently installed ceiling or wall light fixture ?									
203.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?									
203.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?									
203.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?									
203.04	Are stove and refrigerator plugged into an outlet ? NOTE: the stove and refrigerator cannot be plugged into an extension cord									
203.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?									
204.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the "flip" type lock can be installed.									
205.02	Are all windows airtight, free of breaks/cracks , and do sashes meet ? Any other deterioration ?									
205.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows.									
205.04	If no central A/C in unit , does this window have a screen ? Is screen torn, missing, need to be replaced?									
205.07	Are exterior doors airtight, have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knobs properly installed?									
205.08	Are interior doors opening into rooms properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?									
205.09	Are closet doors properly installed and stay shut ? Any hazardous conditions? Door knobs properly installed?									
206.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?									
207.01	Are the walls sound and free from hazardous defects or holes?									
208.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?									
	ITEMS 209.01 AND 209.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT									
209.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.									
209.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.									
	Stove is <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC									
210.01	Is there a microwave or stove with an oven and all burners working ?									
210.02	Is the oven door secure and knobs and handles present? Is there at least one rack in the oven? Are there any other safety hazards ?									
	NOTE: IF OWNER OWNS GAS STOVE, THEN THE GAS CERTIFICATION ON PAGE 20 MUST BE SIGNED ANNUALLY.									
211.01	Is there a refrigerator which freezes and cools properly? Check gaskets/seals. Are there any other safety hazards ? Is there at least one shelf present ? Is grill present, if designed to have a grill?									
212.01	Is there a sink in the kitchen with hot and cold water ? Are handles present and secure? Does the water drain properly? Is there adequate water pressure ?									
212.02	Is the trap properly installed?									
212.03	Are all pipes and the faucet free from leaks or drips ?									
212.04	Are holes around the pipes covered?									
213.01	Is there a space to store and prepare food?									
213.02	Are cabinet doors and drawers properly installed? Knobs or handles present (if designed to have knobs or handles)?									
218.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source?									
218.03	Does the heat source operate properly ?									
218.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)									
218.09	If ventless gas heater is present in the unit, is carbon monoxide detector present in the unit?									
218.10	Does the carbon monoxide detector operate properly ?									

Item #	BATHROOMS NOTE: An openable window or vent fan is required	Bathroom 1				Bathroom 2			
		P	F	I	NA	P	F	I	NA
301.00	Is there a bathroom present?								
302.01	Is there at least one working, permanently installed light fixture ?								
303.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?								
303.02	Are light fixtures/ceiling fans secure to wall or ceiling ?								
303.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?								
303.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?								
304.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ?								
305.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?								
305.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows .								
305.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, need to be replaced?								
305.05	If there is no openable window, is there a vent fan present?								
305.06	Does vent fan operate properly?								
305.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
305.09	Are closet doors properly installed and stay shut ? Any hazardous conditions? Door knobs properly installed?								
306.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?								
307.01	Are the walls sound and free from hazardous defects, holes, and sharp objects?								
308.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards? Check floor around toilet/tub carefully.								
	ITEMS 309.01 AND 309.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT								
309.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
309.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
312.01	Is there a sink in the bathroom with hot and cold water ? Are handles present and secure? Does the water drain properly? Is there adequate water pressure ?								
312.02	Is the trap properly installed ?								
312.03	Are all pipes and the faucet free from leaks or drips ?								
312.04	Are holes around the pipes covered?								
313.02	Are cabinet doors and drawers properly installed? Knobs present?								
314.01	Is there a flush toilet in an enclosed room ?								
314.02	Does the toilet flush and shut off properly ; is it free from leaks/cracks ; and does it have a toilet seat and tank top ? Is it stable / secure ?								
315.01	Is there a tub or shower with hot and cold running water ? Is there adequate water pressure ?								
315.02	Is the tub or shower free from leaks or drips and sharp objects , and does it drain properly ? Are handles and levers present? Is there a need for caulking in or around the tub/shower area?								
316.01	Is there a door for privacy ?								
318.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bathroom #1)								
318.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bathroom #2)								
318.03	Does the heat source operate properly ?								
318.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)								
318.06	If ventless gas heater is present inside the bathroom, is the heater designed for bathroom use ? (Certification must be signed by Owner, page 19)								
318.09	If ventless gas heater is present, is carbon monoxide detector present in the unit?								
318.10	Does the carbon monoxide detector operate properly ?								

Item #	BEDROOMS <i>NOTE: A window is required</i>	Bedroom 1				Bedroom 2			
		Right Front	Ctr	Left Rear	Floor Level	Right Front	Ctr	Left Rear	Floor Level
		P	F	I	NA	P	F	I	NA
402.01	Are there at least two working outlets or one working outlet and one working, permanently installed light fixture ?								
403.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?								
403.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?								
403.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?								
403.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?								
404.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the “flip” type lock can be installed.								
405.01	Is there at least one window ? (which opens to the exterior, if openable)								
405.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?								
405.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows .								
405.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, need to be replaced?								
405.07	Are exterior doors airtight , have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knobs properly installed?								
405.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
405.09	Are closet doors properly installed and stay shut? Any hazardous conditions ? Door knobs properly installed?								
406.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?								
407.01	Are the walls sound and free from hazardous defects or holes?								
408.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?								
	ITEMS 409.01 AND 409.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT								
409.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
409.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
416.01	Is there a door for privacy ?								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #1)								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #2)								
418.03	Does the heat source operate properly ?								
418.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)								
	NOTE: If a ventless gas heater is present in the room, the certification must be signed on page 19								
418.05	If a ventless gas heater is present inside the bedroom, is the heater designed for bedroom use ?								
418.08	If ventless gas heater is present inside the bedroom, is carbon monoxide detector present inside the bedroom?								
418.10	Does the carbon monoxide detector operate properly?								
432.02	Is there a smoke detector located outside the bedroom?								
432.03	Does the smoke detector operate properly ?								
REPAIRS REQUIRED/COMMENTS									

Item #	BEDROOMS <i>NOTE: A window is required</i>	Bedroom 3				Bedroom 4			
		Right Front Floor	Ctr Ctr Level	Left Rear		Right Front Floor	Ctr Ctr Level	Left Rear	
		P	F	I	NA	P	F	I	NA
402.01	Are there at least two working outlets or one working outlet and one working, permanently installed light fixture ?								
403.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?								
403.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?								
403.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?								
403.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?								
404.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the "flip" type lock can be installed.								
405.01	Is there at least one window ? (which opens to the exterior, if openable)								
405.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?								
405.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows .								
405.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, need to be replaced?								
405.07	Are exterior doors airtight , have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knobs properly installed?								
405.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
405.09	Are closet doors properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
406.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?								
407.01	Are the walls sound and free from hazardous defects or holes?								
408.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?								
	ITEMS 409.01 AND 409.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT								
409.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
409.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
416.01	Is there a door for privacy ?								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #3)								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #4)								
418.03	Does the heat source operate properly ?								
418.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)								
	NOTE: If a ventless gas heater is present in the room, the certification must be signed on page 19								
418.05	If ventless gas heater is present in the bedroom, is the heater designed for bedroom use ?								
418.08	If ventless gas heater is present inside the bedroom, is carbon monoxide detector present inside the bedroom?								
418.10	Does the carbon monoxide detector operate properly?								
432.02	Is there a smoke detector located outside the bedroom?								
432.03	Does the smoke detector operate properly ?								
REPAIRS REQUIRED/COMMENTS									

Item #	OTHER ROOMS USED FOR LIVING AND HALLS <i>NOTE: A window is not required in these rooms, unless the room is used for sleeping</i>	Room Code:				Room Code:			
		Right Ctr Left Front Ctr Rear Floor Level _____				Right Ctr Left Front Ctr Rear Floor Level _____			
		P	F	I	NA	P	F	I	NA
502.02	Is there a means of illumination, e.g., light fixture, wall outlet, window?								
503.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?								
503.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?								
503.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?								
503.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?								
504.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the “flip” type lock can be installed.								
505.01	If the room is used for sleeping , is there at least one window ? (which opens to the exterior)								
505.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?								
505.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows.								
505.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, need to be replaced?								
505.07	Are exterior doors airtight , have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knob properly installed?								
505.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
505.09	Are closet doors properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
506.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?								
507.01	Are the walls sound and free from hazardous defects or holes?								
508.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?								
	ITEMS 509.01 AND 509.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT								
509.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
509.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
516.01	If the room is used for sleeping , is there a door for privacy ?								
518.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (room code # _____)								
518.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (room code # _____)								
518.03	Does the heat source operate properly ?								
518.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)								
	NOTE: If a ventless gas heater is present in the room, and the room is used for sleeping, the certification must be signed on page 19								
518.05	If the room is used for sleeping , and a ventless gas heater is present inside the room, is the heater designed for bedroom use ? If the room is not used for sleeping, the heater does not have to meet this requirement.								
518.08	If this room is used for sleeping , and a ventless gas heater is present, is carbon monoxide detector present inside the room? NOTE: If the room is not used for sleeping, a carbon monoxide detector is not required inside the room, but is required in the unit.								
518.10	Does the carbon monoxide detector operate properly ?								
532.02	If this room is used for sleeping , is there a smoke detector located outside of this room ?								
532.03	Does the smoke detector operate properly ?								
REPAIRS REQUIRED/COMMENTS									

	OTHER ROOMS USED FOR LIVING AND HALLS <i>NOTE: A window is not required in these rooms, unless the room is used for sleeping.</i>		Room Code:				Room Code:					
			Right Ctr Left Front Ctr Rear Floor Level				Right Ctr Left Front Ctr Rear Floor Level					
Item #	*ROOM CODES 1 - Dining Room, or Dining Area 2 - Second Living Room, Family Room, Den, Playroom, TV Room		3 - Entrance Halls, Corridors, Halls, Staircases 4 - Other		P	F	I	NA	P	F	I	NA
502.02	Is there a means of illumination , e.g., light fixture, wall outlet, window?											
503.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?											
503.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?											
503.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?											
503.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?											
504.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ? NOTE: Padlocks are not allowed; if door is partially glass (or alternate egress is present), then double keyed locks are allowed; if there is no glass in the door (or alternate egress is not present), then the “flip” type lock can be installed.											
505.01	If the room is used for sleeping , is there at least one window ? (which opens to the exterior)											
505.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?											
505.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows .											
505.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, or need to be replaced?											
505.07	Are exterior doors airtight , have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knob properly installed?											
505.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?											
505.09	Are closet doors properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?											
506.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?											
507.01	Are the walls sound and free from hazardous defects or holes?											
508.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?											
	ITEMS 509.01 AND 509.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT											
509.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.											
509.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.											
516.01	If the room is used for sleeping , is there a door for privacy ?											
518.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (room code #_____)											
518.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (room code #_____)											
518.03	Does the heat source operate properly ?											
518.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)											
	NOTE: If a ventless gas heater is present in the room, and the room is used for sleeping, the certification must be signed on page 19											
518.05	If the room is used for sleeping , and a ventless gas heater is present inside the room, is the heater designed for bedroom use ? If the room is not used for sleeping, the heater does not have to meet this requirement.											
518.08	If this room is used for sleeping , and a ventless gas heater is present, is carbon monoxide detector present inside the room? NOTE: If the room is not used for sleeping, a carbon monoxide detector is not required inside the room, but is required in the unit.											
518.10	Does the carbon monoxide detector operate properly ?											
532.02	If this room is used for sleeping , is there a smoke detector located outside of this room ?											
532.03	Does the smoke detector operate properly ?											
REPAIRS REQUIRED/COMMENTS												

Item #	SECONDARY ROOMS NOT USED FOR LIVING OR SLEEPING Describe: <input type="checkbox"/> Laundry, <input type="checkbox"/> Utility Room, <input type="checkbox"/> Porch, <input type="checkbox"/> Other	P	F	I	NA	Repairs Required/Comments
	Check here if none and go to part 7. <input type="checkbox"/>					
603.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates?					
603.02	Are light fixtures/ceiling fans secured to the wall or ceiling?					
603.03	Is room free from any exposed or frayed wiring, or other electrical hazard, and is the wiring the proper type?					
603.05	Do all permanently installed ceiling or wall light fixtures have covers, if they were designed to have covers?					
604.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work?					
605.02	Are all windows airtight, free of breaks/cracks, and do sashes meet? Any other deterioration?					
605.07	Are exterior doors airtight, have adequate weatherstripping, and sound threshold? If storm door is present, is it properly installed? Door knob properly installed?					
605.08	Are interior doors opening into room properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?					
605.09	Are closet doors properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?					
	ITEMS 609.01 AND 609.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT					
609.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
609.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
617.01	Is the room free of any hazardous or failing conditions in the <input type="checkbox"/> walls, <input type="checkbox"/> floor, <input type="checkbox"/> ceiling, or <input type="checkbox"/> windows?					
Item #	SECONDARY ROOMS NOT USED FOR LIVING OR SLEEPING Describe: <input type="checkbox"/> Laundry, <input type="checkbox"/> Utility Room, <input type="checkbox"/> Porch, <input type="checkbox"/> Other	P	F	I	NA	Repairs Required/Comments
	Check here if none and go to part 7. <input type="checkbox"/>					
603.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates?					
603.02	Are light fixtures/ceiling fans secured to the wall or ceiling?					
603.03	Is room free from any exposed or frayed wiring, or other electrical hazard, and is the wiring the proper type?					
603.05	Do all permanently installed ceiling or wall light fixtures have covers, if they were designed to have covers?					
604.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work?					
605.02	Are all windows airtight, free of breaks/cracks, and do sashes meet? Any other deterioration?					
605.07	Are exterior doors airtight, have adequate weatherstripping, and sound threshold? If storm door is present, is it properly installed? Door knob properly installed?					
605.08	Are interior doors opening into room properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?					
605.09	Are closet doors properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?					
	ITEMS 609.01 AND 609.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT					
609.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
609.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
617.01	Is the room free of any hazardous or failing conditions in the <input type="checkbox"/> walls, <input type="checkbox"/> floor, <input type="checkbox"/> ceiling, or <input type="checkbox"/> windows?					

SECONDARY ROOMS NOT USED FOR LIVING OR SLEEPING, LAUNDRY / UTILITY ROOMS, ETC.

	PLUMBING AND HEATING	P	F	I	NA	Repairs Required/Comments
718.01	TYPE OF HEAT: (see page 2) <input type="checkbox"/> Gas <input type="checkbox"/> Electric NOTE: If unit is heated by gas, then Owner must annually sign Gas Certification on Page 20.					
	KIND OF HEAT: (check all that apply) (see page 2) <input type="checkbox"/> Central <input type="checkbox"/> Wall Unit <input type="checkbox"/> Ventless Gas <input type="checkbox"/> Wood <input type="checkbox"/> Vented Gas <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Other _____					
718.09	If there is a ventless gas heater being used in the unit, is there a carbon monoxide detector present in the unit?					
718.10	Does the carbon monoxide detector operate properly?					
718.11	Are all ventless gas heaters permanently installed?					
719.01	Is unit free of any unvented gas space heaters ?					
719.02	If there are flues for gas or wood stoves , are they properly installed with secure pipes ?					
719.03	Are collars present and installed securely, with no visible openings?					
719.05	If wood is the primary source of heat , is the chimney or flue cleaned annually ?					
720.01	LOCATION OF THE WATER HEATER: Water heater is: <input type="checkbox"/> Gas <input type="checkbox"/> Electric Water heater is: <input type="checkbox"/> Tank type <input type="checkbox"/> Tankless type* * If tankless water heater has been installed, documentation must be obtained (and placed in the file) that the water heater has passed inspection by the local Codes Department. If tank type gas water heater, is it enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (see Item 720.06) NOTE: If water heater is gas, Owner must annually sign Gas Certification on Page 20 NOTE: If water heater is inaccessible by THDA staff person, see Certification on Page 20.					
720.02	Is there a temperature-pressure relief valve with a ¾” overflow pipe present ? (Not required on electric tankless water heaters)					
720.03	Does the overflow pipe extend to within 6” of the floor or to the exterior of the unit? (Not required on electric tankless heaters)					
720.04	Gas water heater: Is the flue secure ?					
720.05	Gas water heater: Is collar present and installed securely, with no visible openings?					
720.06	Tank type gas water heater: If located in living or sleeping area* , is it enclosed ? (An acceptable enclosure is a “shield” that is secured to the wall or floor, provides ventilation, and is at least 6” higher than the water heater)					
	* HUD’s definition of “rooms used for living” is areas of the unit that are walked through or lived in on a regular basis. Rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered are not included. Areas that are frequently used such as a finished basement / playroom, or a closed-in porch that is used as a bedroom during the summer months are included. Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.					
720.07	Electric water heater: If it is readily accessible to the family, is the romex wire enclosed in protective conduit ?					
720.08	Are there any hazardous or combustible materials stored on top of or near the water heater ?					
720.09	Is (are) the cover or cover panels present and securely installed?					
720.10	Are there any other hazardous conditions around the water heater?					
721.01	SPECIFY WATER SOURCE: (see page 2) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Well					
721.02	If well water , is it tested every 2 years?					
721.03	Any <input type="checkbox"/> leaks , <input type="checkbox"/> rust or <input type="checkbox"/> corrosion in water; <input type="checkbox"/> odors ; <input type="checkbox"/> inadequate pressure ; <input type="checkbox"/> other problems ? (see page 2)					
722.01	SPECIFY SEWER SYSTEM: (see page 2) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Septic Tank					
722.02	If septic system , is there any evidence of <input type="checkbox"/> water , <input type="checkbox"/> sewage in the yard, or <input type="checkbox"/> does tenant report a problem? (see page 2)					
REPAIRS REQUIRED/COMMENTS						

Item #	GENERAL HEALTH AND SAFETY: Interior	P	F	I	NA	Repairs Required/Comments
817.03	If there is surface mounted romex wiring present on the walls of any interior room, has it been enclosed in protective conduit ?					
823.01	Can the unit be entered without going through another unit?					
824.01	Are there adequate exterior doors and openable windows for exit?					
824.02	If there are security bars on windows , does at least one in each room without an exterior door open from the inside? (certification must be signed annually by all adult household members)					
824.03	If unit is more than 2 stories , is there a fire escape ?					
	INTERIOR STAIRS AND COMMON HALLS: (Items 825.01, 838.05, 825.02, and 825.03)					
825.01	For interior stairs and common halls if there are four or more steps or the steps, balconies, ledges, or any other exposed area is 30" or higher , is there a secure handrail or adequate protection to prevent a person from falling through ?					
838.05	Are all steps present, stable and secure ?					
825.02	For interior stairs and common halls is there adequate lighting ?					
825.03	For interior stairs and common halls , are there any hazardous or failing conditions in the walls, floor, ceiling, windows or doors ?					
826.01	Where local practice requires, do all elevators have a current inspection certificate? Are elevators safe and working?					
827.01	Is there evidence of insect, mice, and rat infestation ?					
828.01	Is the unit free of garbage and debris ?					
828.02	Is the unit free of any other unsanitary conditions ?					
	FOR OFFICE USE ONLY: OVERALL CONDITION OF THE HOUSEKEEPING HABITS: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Extremely poor					
829.01	Is the unit free of any other hazards not previously identified? Ex: protruding nails, broken soap dishes, etc.					
829.02	Are window air conditioners free of any exposed or frayed wiring , or any other hazardous conditions ?					
829.03	Is cover present on window air conditioner ?					
829.04	Is window air conditioner installed in such a manner that daylight cannot be seen above or around it ?					
830.01	Unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants ?					
830.02	Does unit have adequate ventilation ? NOTE: Consider availability of air conditioning in each room, number of <u>openable</u> windows in each room, type of unit, etc. when making this decision.					
831.01	LEAD-BASED PAINT CERTIFICATION: If deteriorated paint has been identified, and the area of deteriorated paint exceeds the de minimus levels, the Owner must sign the proper certification on page 18. If the unit is free of deteriorated paint, then note as "not applicable".					
832.01	Is there a smoke detector or fire alarm on each level of the unit (including the basement)?					
	SMOKE DETECTORS FOR THE HEARING-IMPAIRED: (Items 832.04 and 832.05)					
	Is a hearing-impaired smoke detector required by a member of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, mark N/A, and go to next section. If yes, is it present? <input type="checkbox"/> Yes (mark Pass) <input type="checkbox"/> No (mark Fail)					
832.04	Does the smoke detector have lights, and is the detector installed in the bedroom of the hearing-impaired tenant?					
832.05	Is the detector connected to a smoke detector outside of the bedroom ? NOTE: Portable smoke detectors are not allowed.					
832.06	Does the smoke detector operate properly?					
	LOCATION OF <input type="checkbox"/> FUSE <input type="checkbox"/> BREAKER BOX:					
833.01	Is there a metal cover over fuse/breaker box ?					
833.02	Are there any hazardous conditions inside or around the fuse/breaker box ? EX: exposed or frayed wiring of any type, openings or holes around the box, etc.					
833.03	Are there any openings inside the fuse/breaker box ? NOTE: "knock-out" caps or "dead" fuses are required, if openings are present inside.					
REPAIRS REQUIRED/COMMENTS						

Item #	GENERAL HEALTH AND SAFETY: Exterior	P	F	I	NA	Repairs Required/Comments
934.01	Are the grounds free of garbage and debris ?					
935.01	Are there covered trash cans or dumpsters for the tenants' use?					
936.01	Are the site and immediate neighborhood free from conditions which would seriously endanger the health or safety of the residents such as: <input type="checkbox"/> uncovered wells <input type="checkbox"/> deep holes <input type="checkbox"/> abandoned appliances <input type="checkbox"/> abandoned cars <input type="checkbox"/> abandoned furniture <input type="checkbox"/> broken glass <input type="checkbox"/> protruding nails <input type="checkbox"/> exposed areas over 30" high , <input type="checkbox"/> other ?					
936.02	Are all "out buildings" in sound condition?					
REPAIRS REQUIRED/COMMENTS						

Item #	BUILDING EXTERIOR (Front, Rear, and Sides)	P	F	I	NA	Repairs Required/Comments
1003.05	Do all permanently installed light fixtures have covers , if they were designed to have covers? <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear of unit					
	ITEMS 1009.02 AND 1009.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT					
1009.02	Are all exterior components with large surface areas free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
1009.03	Are all small surface areas (windowsills, stairs, and railings) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.					
1037.01	Is the foundation free from large cracks , and does it appear stable?					
1037.02	Are all vents and crawl spaces covered?					
1038.01	Are all stairs, rails, and porches permanently secured ?					
1038.05	Are steps present, stable, and permanently secure ?					
1038.06	If there is a porch, balcony, carport, or any other exposed area 30" or higher , is there a secure rail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?					
1038.07	If there are four or more steps, 29" or less in height, is there at least one handrail ?					
1038.08	If there are four or more steps , or the steps are 30" or higher , and one side of the steps is exposed (open) , is there one secure handrail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?					
1038.09	If there are four or more steps , or the steps are 30" or higher , and both sides of the steps are exposed (open) , are there two secure handrails with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?					
1038.10	Are <input type="checkbox"/> steps <input type="checkbox"/> handrails <input type="checkbox"/> porches <input type="checkbox"/> decks free of protruding nails ?					
1038.11	If there is a sidewalk present, is it free from large cracks or holes , and does it appear stable ?					
1039.01	Any sign of roof damage or leaks ?					
1039.02	If <input type="checkbox"/> gutters , <input type="checkbox"/> downspouts , and <input type="checkbox"/> shutters are present, are they sound/secure ?					
1039.03	Any signs of leaks or drips from hydrants ?					
1040.01	Is exterior free from holes, missing siding , and does it appear airtight ?					
1041.01	Is chimney sound, stable, and free from hazards ?					
1043.01	Do plumbing vent pipes extend above the roofline ? (If vent pipe cannot be viewed, see Certification on page 20)					
1043.02	Do gas or wood stove flues extend above the roofline ?					
1043.03	Does the gas water heater flue extend above the roofline ?					
1044.01	Are there any loose, frayed, or exposed wires that could be hazardous ?					
1045.01	If unit has window air conditioners , are they installed securely ?					
REPAIRS REQUIRED/COMMENTS						

Item #	MOBILE HOMES	P	F	I	NA	Repairs Required/Comments
1118.07	If a ventless gas heater is present, is the heater designed for mobile home use ?					
	NOTE: If a ventless gas heater is present in the unit, the certification must be signed on page 19					
1118.09	If a ventless gas heater is present, is carbon monoxide detector present inside the unit?					
1118.10	Does the carbon monoxide detector operate properly?					
1146.01	Are there tie downs ? NOTE: If tie downs are inaccessible by THDA staff person, Owner must sign Certification on page 20.					
1146.02	Is underpinning present? Is it installed securely, with no large openings ?					
1146.03	If there is a wood burning stove present, is there a permanently installed, primary source of heat ? NOTE: Wood burning stoves are not allowed as the primary source of heat in a mobile home.					
	MISCELLANEOUS	P	F	I	NA	Repairs Required/Comments

EMERGENCY REPAIR ITEMS

Following are items considered to be “emergency repair items” by THDA: (**NOTE:** any item identified as being an immediate threat to the health and safety of the resident(s) may be determined to be an “emergency repair item”; however, once an item is declared to be an “emergency repair item”, the appropriate guidelines must be enforced.)

- **Escaping gas from stove**
- **Major plumbing leaks or flooding**
- **Natural gas leak or fumes**
- **Electrical situation which could result in shock or fire**
- **No heat when outside temperature is below 50 degrees**
- **No running water**
- **Utilities shut off (disconnected)**
- **Broken glass where someone could get cut**
- **Obstacle which prevents tenant’s access to unit**
- **Plugged and overflowing toilet***
- **Unit cannot be adequately secured****
- **Inoperable smoke detector**
- **Inoperable carbon monoxide detector*****

*If there is another toilet available for the family’s use within the unit, then this item may not be required to be considered an “emergency repair item”. If the toilet in question does not present any health hazards (such as emission of sewer gases) then the repair will not be required to be made in 24 hours. If the toilet is overflowing, however, then it is obvious that the water flow must be stopped (by turning the “cut off” valve in the back of the toilet). If the valve is not present, then, of course, immediate attention must be given to the repair.

If doors and windows can be secured in a safe, but temporary, manner (and still be in compliance with HQS guidelines), then item may not have to be repaired under “emergency” guidelines. Examples: If the lock is broken on exterior door, the tenant **cannot install a padlock in place of regular lock. If a lock is broken on a window, then the window can be temporarily nailed shut (if it is not the only window in the room), or a broom handle (or something similar) can be inserted as a temporary measure until the lock can be replaced.

*** If ventless gas heater is being used, the carbon monoxide detector must be working properly, in case the ventless gas heater malfunctions.

If any of the above items can be remedied in such a manner so that the health and safety of the resident(s) is not compromised, the Inspection Booklet must be documented with an explanation of the manner taken to temporarily remedy the situation. If the item in question can be repaired in a safe, but temporary, manner, the emergency repair guidelines will not be required, but will require repair within 30 days.

See Administrative Plan for HQS Enforcement Guidelines pertaining to Emergency Repair Items.

Item #	BEDROOMS <i>NOTE: A window is required</i>	Bedroom 5				Bedroom 6			
		Right Front	Ctr Ctr	Left Rear	Floor Level	Right Front	Ctr Ctr	Left Rear	Floor Level
		P	F	I	NA	P	F	I	NA
402.01	Are there at least two working outlets or one working outlet and one working, permanently installed light fixture ?								
403.01	Are all outlets/switches flush with the wall, and do they have unbroken, tight fitting cover plates ?								
403.02	Are light fixtures/ceiling fans secured to the wall or ceiling ?								
403.03	Is room free from any exposed or frayed wiring , and is the wiring the proper type?								
403.05	Do all permanently installed ceiling or wall light fixtures have covers , if they were designed to have covers?								
404.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work ?								
405.01	Is there at least one window ? (which opens to the exterior, if openable)								
405.02	Are all windows airtight , free of breaks/cracks , and do sashes meet ? Any other deterioration ?								
405.03	If windows are made to open, will at least one window open ? (SEE ITEM 830.02) Will this window remain up when raised? NOTE: Props are not allowed in any windows.								
405.04	If no central A/C in the unit , does this window have a screen ? Is screen torn, missing, need to be replaced?								
405.07	Are exterior doors airtight , have adequate weatherstripping , and sound threshold ? If storm door is present, is it properly installed ? Door knob properly installed?								
405.08	Are interior doors opening into room properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
405.09	Are closet doors properly installed and stay shut ? Any hazardous conditions ? Door knobs properly installed?								
406.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?								
407.01	Are the walls sound and free from hazardous defects or holes?								
408.01	Is the floor sound and free from hazardous defects, holes, soft spots, bulges, or tripping hazards?								
	ITEMS 409.01 AND 409.03 PERTAIN ONLY TO UNITS BUILT PRIOR TO 1978 AND A CHILD UNDER THE AGE OF 6 RESIDES OR IS EXPECTED TO RESIDE IN THE UNIT								
409.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
409.03	Are all small surface areas (windowsills, baseboards, trim, etc.) free of deteriorated paint ? If deteriorated paint is present, the area <input type="checkbox"/> EXCEEDS <input type="checkbox"/> DOES NOT EXCEED the de minimis levels as found on page 18.								
416.01	Is there a door for privacy?								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #5)								
418.02	Is there a <input type="checkbox"/> direct or <input type="checkbox"/> indirect heat source? (bedroom #6)								
418.03	Does the heat source operate properly ?								
418.04	Does the permanent heater have a knob , and appear to be properly installed ? (wall units, baseboards, vented gas, etc.)								
	NOTE: If a ventless gas heater is present in the room, the certification must be signed on page 19								
418.05	Is ventless gas heater is present inside the bedroom, is the heater designed for bedroom use ?								
418.08	If ventless gas heater is present inside the bedroom, is carbon monoxide detector present inside the bedroom?								
418.10	Does the carbon monoxide detector operate properly?								
432.02	Is there a smoke detector located outside the bedroom?								
432.03	Does the smoke detector operate properly ?								
REPAIRS REQUIRED/COMMENTS									

[illegible]

If the area of deteriorated paint is less than:

- 20 square feet on exterior surfaces
- 2 square feet in any one interior room or space
- 10% of a type of building component with a small surface area (such as painted window sills) on interior or exterior surfaces

The Owner must stabilize the deteriorated area of paint, but must avoid the "prohibited methods of paint removal" as prescribed by HUD. The Owner must certify that the deteriorated paint was stabilized in accordance with HUD regulations, using the following certification:

CERTIFICATION OF LEAD-BASED PAINT STABILIZATION	
I, _____ certify that the unit located at _____	
(print name)	(print address of unit)
was built in _____. This unit was inspected by a THDA Representative on _____	
(year constructed)	(date of inspection)
and visible signs of cracking / chipping / peeling and / or eroding paint were observed; however, the area of deteriorated paint did not exceed the de minimis level, as prescribed by HUD. I was informed that for this unit to pass Housing Quality Standards for the Section 8 Rental Assistance Program, the deteriorated paint must be stabilized.	
I certify that I have implemented the proper lead-based paint stabilization procedures for all visible signs of cracking / Chipping / peeling and / or eroding paint at the above stated address according to prescribed HUD specifications.	
_____ Signature of Owner	_____ Date of Certification

If the area of deteriorated paint is more than:

- 20 square feet on exterior surfaces
- 2 square feet in any one interior room or space
- 10% of a type of building component with a small surface area (such as painted window sills) on interior or exterior surfaces

The deteriorated paint **must** be stabilized by either: 1. A person who has received training in lead-safe work practices (LSWP) through a HUD-approved training course (proof of training is required); or 2. The Owner must employ a person / company certified by the State of Tennessee to conduct lead hazard control activities. Once the deteriorated paint has been stabilized, the unit must be visually assessed (inspected) by THDA to ensure that the area of deteriorated paint has been repaired and all visible dust, debris or residue has been eliminated.

Once the unit has passed the visual assessment by THDA, the Owner must employ a person / company certified by the State of Tennessee to conduct a Clearance Examination. The person / company cannot be the same person / company who performed the lead hazard control activities. Once the unit passes the clearance examination, the company should provide certification to the Owner that the unit is lead safe. **Within 15 days** of receipt of the results of the clearance examination, the Owner is required to notify the occupants and THDA of the results of the clearance examination.

The Owner must maintain the unit to ensure the paint remains intact.

The Owner must certify that the deteriorated paint was stabilized in accordance with HUD regulations, using the following certification. **A copy of the certifications from the companies who conducted the lead hazard control work and the clearance examination must also be attached.**

CERTIFICATION OF LEAD-BASED PAINT STABILIZATION AND CLEARANCE	
I, _____ certify that the unit located at _____	
(print name)	(print address of unit)
was built in _____. This unit was inspected by a THDA Representative on _____	
(year constructed)	(date of inspection)
Visible signs of cracking / chipping / peeling and / or eroding paint were observed, and the area of deteriorated paint exceeded the de minimis level, as prescribed by HUD. I was informed that for this unit to pass Housing Quality Standards for the Section 8 Rental Assistance Program, the deteriorated paint must be stabilized by either a person who has been trained in Lead Safe Work Practices, or a person and/or company certified to conduct lead hazard work. Once the paint stabilization was completed, the unit must pass a clearance examination conducted by person(s) / company(ies) certified to conduct clearance examinations.	
I certify that I have implemented the proper lead-based paint stabilization procedures for all visible signs of cracking / chipping / peeling and / or eroding paint at the above stated address according to prescribed HUD specifications. A copy of the certifications from the companies who conducted the lead hazard control work and clearance examination are attached. A copy of the results of the clearance examination has been given to the Tenant.	
_____ Signature of Owner	_____ Date of Certification

VENTLESS GAS HEATER(S) CERTIFICATION

I, _____, Owner of the property located at _____
(print name) (print address of unit)

am providing the following certification / documentation that the ventless gas heater(s) was/were properly installed, due to the fact that the heater(s) has/have been installed in a ☐ bedroom, ☐ bathroom, or ☐ mobile home:

- ☐ 1. I certify that the installation of the ventless gas heater(s) meets all requirements specified by Local Codes (☐ county and/or ☐ city). **Documentation is attached.**
- ☐ 2. **Documentation is attached** proving that the ventless gas heater(s) was/were installed by a person or company qualified to install such heaters. If the heater(s) was/were not installed by a person or company qualified to install such heaters, then documentation must be obtained and attached from a source (ex: local gas company) stating that the heater(s) was/were properly installed.
- ☐ 3. **Documentation or verification is attached** that proves the heater(s) was/were designed for the purpose for which it/they was/were installed (ex: if heater is installed in a mobile home, then documentation must be obtained proving the heater was designed for use in mobile homes. If heater is installed in a bedroom, then documentation must be obtained proving the heater was designed for use in bedrooms. Likewise, if a heater is installed in a bathroom, then documentation must be obtained proving the heater was designed for use in bathrooms.) **A copy of the paperwork accompanying the heater can be used provided that it states the above requirements.**
- ☐ 4. I certify that the heater(s) has/have been permanently installed in the ☐ wall ☐ floor.
- ☐ 5. I certify that an operable carbon monoxide detector has been installed in the unit since a ventless gas heater will be used in the unit.
- ☐ 6. I certify that an operable carbon monoxide detector has been installed **inside** the bedroom if a ventless gas heater has been installed in a bedroom. This is to protect the occupant(s) of the bedroom in the event the heater malfunctions and the door opening into the bedroom is closed.

Signature of Owner

Date of Certification

For office use only:

Documentation is attached for

☐ Item #1

☐ Item #2

☐ Item #3

Signature of Staff Person

Date

WATER HEATER CERTIFICATION

I, _____, Owner of the property located at _____
(print name) (print address of unit)

certify that the water heater for this property, which is rented to _____
(print Tenant's name)

meets the following requirements:

1.

A temperature-pressure relief valve is present. (not required on electric tankless heaters)

2.

There is a 3/4" overflow pipe present, which extends to within 6" of the floor or to the exterior of the unit. (not required on electric tankless heaters)

If the water heater is a **gas** water heater, the following requirements are also met:

1.

The flue is secure.

2.

There is a collar present with no visible openings.

If the water heater is the **tankless type**, the water heater has passed an inspection by the local Codes Department. A copy of the documentation ☐ has been ☐ will be given to THDA.

The water heater is located in the _____ and is inaccessible to the THDA staff person
(location of water heater) conducting the HQS inspection.

Signature of Owner

Date of Certification

CERTIFICATION OF PRESENCE OF TIE DOWNS

I, _____, Owner of the property located at _____
(print name) (print address of unit)

certify that tie downs are properly installed on the mobile home rented to _____
(print Tenant's name)

Signature of Owner

Date of Certification

GAS APPLIANCE CERTIFICATION

I, _____ Owner of the unit located at _____
(print name) (print address of unit)

certify that all gas appliances that I have supplied in the unit (☐ heat source, ☐ water heater, ☐ stove) are in proper working condition.

THDA encourages Owners to obtain a certification from the local gas company as to the condition of all gas appliances.

THDA also recommends the installation of carbon monoxide detectors when gas is being used in a unit.

Signature of Owner

Date of Certification

PLUMBING VENTILATION CERTIFICATION

I, _____ Owner of the unit located at _____
(print name) (print address of unit)

certify to the best of my knowledge that the plumbing ventilation system in the unit is in proper working condition.

Due to the installation of the plumbing ventilation system, a plumbing vent pipe cannot be viewed by the THDA staff person conducting an HQS inspection.

Signature of Owner

Date of Certification

